GED OFFICE P.O. BOX 480 JEFFERSON CITY, MO 65102 (573) 751-3504 www.dese.mo.gov

TRANSCRIPT REQUEST

I have received a Missouri Certificate of High School Equivalence (GED), and need an additional

transcript(s), and/or certificate. My personal information is as follows: NAME (WHEN TESTED) SOCIAL SECURITY NUMBER SIGNATURE DATE OF BIRTH TEST CENTER/CITY WHERE TESTED APPROX. YEAR WHEN TESTED PHONE NUMBER I AM REQUESTING: An **OFFICIAL TRANSCRIPT** - this document is necessary for admission to post-secondary education or employment. Complete and mail this form, along with a \$2.00 fee, per copy, to the address above. A **DUPLICATE CERTIFICATE** - this may be framed for display, and comes with one Official Transcript. Complete and mail this form, along with a \$15.00 money order payable to "Treasurer, State of Missouri", to the address above. For faster service send your request and fee through an overnight mail service along with a self-addressed stamped overnight envelope for the return. We will process it the same day we receive it. Use our physical address for overnight service: 205 Jefferson Street Please send my __ Official Transcript __ Duplicate Certificate to the following: NAME **ADDRESS** CITY STATE Please send my ___ Official Transcript ___ Duplicate Certificate to the following: NAME **ADDRESS** CITY ZIP STATE IF APPLICANT IS UNDER 18 YEARS OF AGE, PARENT MUST SIGN PERMISSION:

For your protection, the Privacy Act of 1974 requires written permission signed by you in order to release GED Test results. Records will not be released by fax or over the telephone. For security and authenticity purposes, official certificates and transcripts are mailed directly from the State GED Office to the institution, employer, agency or individual. Credential received by any other means, i.e., fax, photocopy, or from an individual, are not official and may not be valid.

DATE

PARENT SIGNATURE